

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION		6418	2-3-00
O.I.P.E. CLASSIFIER		12	2/19
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			
	MM	4830	4-6

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	✓ 7/04
2	✓ 9/15/04
3	✓
4	✓
5	✓
6	✓
7	✓
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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